

**PENNSYLVANIA UNIFIED CERTIFICATION PROGRAM  
FOR  
DISADVANTAGED BUSINESS ENTERPRISES**



**UNIFORM CERTIFICATION APPLICATION INSTRUCTION GUIDE**

All firms wishing to be certified as a Disadvantaged Business Enterprise (DBE) must complete this application and submit it to the Pennsylvania Unified Certification Program for determination of their eligibility.

The application is subject to review and verification. Before a determination is made, additional information may be requested and/or an on-site review with the firm's principals may be conducted by the Pennsylvania Unified Certification Program.

Completed applications may be forwarded to any of the Pennsylvania Unified Certification Program Certifying Participants listed below. **However, to facilitate the processing of your application you should send it to a Certifying Participant in proximity of your business location.**

Allegheny County Department of  
Minority, Women and Disadvantaged Business Enterprise  
204 County Office Building  
542 Forbes Avenue  
Pittsburgh, PA 15219  
(412) 350-4309

Port Authority of Allegheny County  
Office of Equal Opportunity  
345 6th Avenue, 5<sup>th</sup> Floor  
Pittsburgh, PA 15222-2527  
(412) 566-5257

Pennsylvania Department of Transportation (PennDOT)  
Bureau of Equal Opportunity  
DBE / Title VI Division  
P.O. Box 3251  
Harrisburg, PA 17105-3251  
(717) 787-5891 or (800) 468-4201

City of Philadelphia  
Philadelphia International Airport  
Disadvantaged Business Enterprise Program Office  
Executive Offices – Terminals D & E, Third Floor  
Philadelphia, PA 19153  
(215) 937-1801

Southeastern Pennsylvania Transportation Authority (SEPTA)  
DBE Program Office  
1234 Market, 11<sup>th</sup> Floor  
Philadelphia, PA 19107  
(215) 580-7278

Please be advised that your firm may require additional approvals or requirements in order to conduct business with any of the agencies.

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Certification is **free**. There is **no fee** for applying for certification as a Disadvantaged Business Enterprise with the PENNSYLVANIA UNIFIED CERTIFICATION PROGRAM.

**Disadvantaged Business Enterprise Program  
49 C.F.R. part 26  
Uniform Certification Application**



## **ROADMAP FOR APPLICANTS**

### **Should I apply?**

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

**Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.**

### **Where can I find more information?**

- U.S. DOT - <http://osdbuweb.dot.gov/DBEProgram/index.cfm> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.naics.com/search.htm> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> or [http://naics.com/referencefiles/files/Size Standards Table.xls](http://naics.com/referencefiles/files/Size_Standards_Table.xls) (provides a listing of size standards by NAICS code)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 2 CFR Parts 180 and 1200, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

**AIRPORT CONCESSIONAIRES WHO WISH TO APPLY TO  
THE AIRPORT CONCESSION DISADVANTAGED BUSINESS  
ENTERPRISE (ACDBE) PROGRAM UNDER 49 CFR PART 23  
HAVE ADDITIONAL APPLICATION REQUIREMENTS SET  
FORTH BY 49 CFR 23.39(g):**

- (1) In the space available in Section 2B.(7) of the application, you must state that you are applying for certification as an ACDBE.
- (2) With respect to Section 4C. of the application, you must provide information on an attached page concerning the address/location, ownership/lease status, current value of property or lease, and fees/lease payments paid to the airport.
- (3) You need not complete Sections 4 I. and J. of the application. However, you must provide information on an attached page concerning any other airport concession businesses your applicant firm or any affiliate owns and/or operates, including name, location, type of concession, and start date of the concession.

## Section 1: CERTIFICATION INFORMATION

### A. Prior/Other Certifications

|                                            |                              |                                                                                                                                                    |
|--------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Is your firm currently certified as a DBE? | <input type="checkbox"/> Yes | Name of certifying agency:                                                                                                                         |
|                                            | <input type="checkbox"/> No  | Has your firm's state UCP conducted an on-site visit?<br><br><input type="checkbox"/> Yes, on ___/___/___ State: _____ <input type="checkbox"/> No |

### B. Prior/Other Applications and Privileges

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?<br><input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No<br>If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Section 2: GENERAL INFORMATION

### A. Contact Information

|                                             |                    |                            |                |                  |
|---------------------------------------------|--------------------|----------------------------|----------------|------------------|
| (1) Contact person and Title:               |                    | (2) Legal name of firm:    |                |                  |
| (3) Phone #:                                | (4) Other Phone #: | (5) Fax #:                 |                |                  |
| (6) E-mail:                                 |                    | (7) Website (if have one): |                |                  |
| (8) Street address of firm (No P.O. Box):   |                    | City:                      | County/Parish: | State:      Zip: |
| (9) Mailing address of firm (if different): |                    | City:                      | County/Parish: | State:      Zip: |

### B. Business Profile

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Describe the primary activities of your firm along with the applicable NAICS codes (if known):                                                                                                                                                                                                                                              | (2) Federal Tax ID (if any):                                                                                                                                            |
| (3) This firm was established on ___/___/___                                                                                                                                                                                                                                                                                                    | (4) I/We have owned this firm since: ___/___/___                                                                                                                        |
| (5) Method of acquisition (check all that apply):<br><input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession<br><input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain) _____ |                                                                                                                                                                         |
| (6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> <b>STOP!</b> If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application. |

(7) Type of firm (check all that apply):

Sole Proprietorship  
 Partnership  
 Corporation  
 Limited Liability Partnership  
 Limited Liability Corporation  
 Joint Venture  
 Other, Describe: \_\_\_\_\_

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?  
 Yes  No  
 If Yes, explain: \_\_\_\_\_

(9) Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Total \_\_\_\_\_

(10) Specify the gross receipts of the firm for the last 3 years: Year \_\_\_\_\_ Total receipts \$ \_\_\_\_\_  
 Year \_\_\_\_\_ Total receipts \$ \_\_\_\_\_  
 Year \_\_\_\_\_ Total receipts \$ \_\_\_\_\_

**C. Relationships with Other Businesses**

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?  
 Yes  No

If Yes, identify: Other Firm's name: \_\_\_\_\_  
 Explain nature of shared facilities: \_\_\_\_\_

|                                                            |                                                                                                                                               |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| (2) At present, or at any time in the past, has your firm: | (a) been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |
|                                                            | (b) consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                            | (c) owned any percentage of any other firm(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
|                                                            | (d) had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                            |

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past?  Yes  No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

| <u>Name</u> | <u>Address</u> | <u>Type of Business</u> |
|-------------|----------------|-------------------------|
| 1.          |                |                         |
| 2.          |                |                         |
| 3.          |                |                         |

**D. Immediate Family Member Businesses**

Do any of your immediate family members own or manage another company?  Yes  No

If Yes, then list (attach extra sheets, if needed):

| <u>Name</u> | <u>Relationship</u> | <u>Company</u> | <u>Type of Business</u> | <u>Own or Manage?</u> |
|-------------|---------------------|----------------|-------------------------|-----------------------|
| 1.          |                     |                |                         |                       |
| 2.          |                     |                |                         |                       |

### Section 3: OWNERSHIP

**Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below** *(If more than one owner, attach separate sheets for each additional owner):*

#### A. Background Information

|                                                                                                       |                                                             |                                                                            |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|
| (1) Name:                                                                                             | (2) Title:                                                  | (3) Home Phone #:                                                          |
| (4) Home Address <i>(street and number)</i> : _____ City: _____ State: _____ Zip: _____               |                                                             |                                                                            |
| (5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female                             | (6) Ethnic group membership <i>(Check all that apply)</i> : |                                                                            |
| (7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No                            | <input type="checkbox"/> Black                              | <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American |
| (8) Lawfully Admitted Permanent Resident:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Asian Pacific                      | <input type="checkbox"/> Subcontinent Asian                                |
|                                                                                                       | <input type="checkbox"/> Other <i>(specify)</i> _____       |                                                                            |

#### B. Ownership Interest

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|---------------------|-------------------|------|----|-------------------|-------------|----|--|-----------|----|--|-------|----|
| (1) Number of years as owner:                                                                                                                                                                                                                                                                                                                                                                      | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(2) Initial investment to</td> <td style="width: 20%; text-align: center;"><u>Type</u></td> <td style="width: 20%; text-align: center;"><u>Dollar Value</u></td> </tr> <tr> <td>acquire ownership</td> <td style="text-align: center;">Cash</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>interest in firm:</td> <td style="text-align: center;">Real Estate</td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">Equipment</td> <td style="text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">Other</td> <td style="text-align: center;">\$</td> </tr> </table> | (2) Initial investment to | <u>Type</u>         | <u>Dollar Value</u> | acquire ownership | Cash | \$ | interest in firm: | Real Estate | \$ |  | Equipment | \$ |  | Other | \$ |
| (2) Initial investment to                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Type</u>               | <u>Dollar Value</u> |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| acquire ownership                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cash                      | \$                  |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| interest in firm:                                                                                                                                                                                                                                                                                                                                                                                  | Real Estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                        |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                        |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                    | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                        |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| (3) Percentage owned:                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| (4) Familial relationship to other owners:                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| (5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| (6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, identify:<br>Name of Business: _____ Function/Title: _____                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |
| (7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If Yes, identify: Name of Business: _____ Function/Title: _____<br>Nature of Business Relationship: _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                     |                     |                   |      |    |                   |             |    |  |           |    |  |       |    |

#### C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

|                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)</i> |
|                                                                                                                                                                                                                                                    |
| (2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, explain <i>(attach additional sheets if needed)</i> :                                           |
|                                                                                                                                                                                                                                                    |

**Section 4: CONTROL**

**A. Identify your firm's Officers & Board of Directors** (If additional space is required, attach a separate sheet):

|                                                                                                                                                                                                                                                                                                                                                                                                                    | Name | Title | Date Appointed | Ethnicity | Gender |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|----------------|-----------|--------|
| (1) Officers of the Company                                                                                                                                                                                                                                                                                                                                                                                        | (a)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (b)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (c)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (d)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (e)  |       |                |           |        |
| (2) Board of Directors                                                                                                                                                                                                                                                                                                                                                                                             | (a)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (b)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (c)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (d)  |       |                |           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | (e)  |       |                |           |        |
| (3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, identify for each: Person: _____ Title: _____<br>Business: _____ Function: _____                                                                                                                                 |      |       |                |           |        |
| (4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, identify for each: Firm Name: _____ Person: _____<br>Nature of Business Relationship: _____ |      |       |                |           |        |

**B. Identify your firm's management personnel who control your firm in the following areas** (If more than two persons, attach a separate sheet):

|                                                                                                                                                                                                                                                                                       | Name | Title | Ethnicity | Gender |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|-----------|--------|
| (1) Financial Decisions<br><i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>                                                                                                                                                                 | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (2) Estimating and bidding                                                                                                                                                                                                                                                            | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (3) Negotiating and Contract Execution                                                                                                                                                                                                                                                | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (4) Hiring/firing of management personnel                                                                                                                                                                                                                                             | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (5) Field/Production Operations Supervisor                                                                                                                                                                                                                                            | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (6) Office management                                                                                                                                                                                                                                                                 | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (7) Marketing/Sales                                                                                                                                                                                                                                                                   | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (8) Purchasing of major equipment                                                                                                                                                                                                                                                     | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (9) Authorized to Sign Company Checks (for any purpose)                                                                                                                                                                                                                               | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (10) Authorized to make Financial Transactions                                                                                                                                                                                                                                        | a.   |       |           |        |
|                                                                                                                                                                                                                                                                                       | b.   |       |           |        |
| (11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, identify for each: Person: _____ Title: _____<br>Business: _____ Function: _____ |      |       |           |        |

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes  No

If Yes, identify for each: Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_

Nature of Business Relationship:

**C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):**

**(1) Equipment**

| Type of Equipment | Make/Model | Current Value | Owned or Leased? |
|-------------------|------------|---------------|------------------|
| (a)               |            |               |                  |
| (b)               |            |               |                  |
| (c)               |            |               |                  |

**(2) Vehicles**

| Type of Vehicle | Make/Model | Current Value | Owned or Leased? |
|-----------------|------------|---------------|------------------|
| (a)             |            |               |                  |
| (b)             |            |               |                  |
| (c)             |            |               |                  |

**(3) Office Space**

| Street Address | Owned or Leased? | Current Value of Property or Lease |
|----------------|------------------|------------------------------------|
| (a)            |                  |                                    |
| (b)            |                  |                                    |

**(4) Storage Space**

| Street Address | Owned or Leased? | Current Value of Property or Lease |
|----------------|------------------|------------------------------------|
| (a)            |                  |                                    |
| (b)            |                  |                                    |

**D. Does your firm rely on any other firm for management functions or employee payroll?  Yes  No**

If Yes, explain:

**E. Financial Information**

**(1) Banking Information:**

(a) Name of bank: \_\_\_\_\_ (b) Phone No: ( ) \_\_\_\_\_  
 (c) Address of bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(2) Bonding Information:** If you have bonding capacity, identify: (a) Binder No: \_\_\_\_\_

(b) Name of agent/broker \_\_\_\_\_ (c) Phone No: ( ) \_\_\_\_\_  
 (d) Address of agent/broker: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (e) Bonding limit: Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_



**F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:**

| Name of Source | Address of Source | Name of Person Securing the Loan | Original Amount | Current Balance | Purpose of Loan |
|----------------|-------------------|----------------------------------|-----------------|-----------------|-----------------|
| 1.             |                   |                                  |                 |                 |                 |
| 2.             |                   |                                  |                 |                 |                 |
| 3.             |                   |                                  |                 |                 |                 |

**G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):**

| Contribution/Asset | Dollar Value | From Whom Transferred | To Whom Transferred | Relationship | Date of Transfer |
|--------------------|--------------|-----------------------|---------------------|--------------|------------------|
| 1.                 |              |                       |                     |              |                  |
| 2.                 |              |                       |                     |              |                  |
| 3.                 |              |                       |                     |              |                  |

**H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):**

| Name of License/Permit Holder | Type of License/Permit | Expiration Date | License Number and State |
|-------------------------------|------------------------|-----------------|--------------------------|
| 1.                            |                        |                 |                          |
| 2.                            |                        |                 |                          |
| 3.                            |                        |                 |                          |

**I. List the three largest contracts completed by your firm in the past three years, if any:**

| Name of Owner/Contractor | Name/Location of Project | Type of Work Performed | Dollar Value of Contract |
|--------------------------|--------------------------|------------------------|--------------------------|
| 1.                       |                          |                        |                          |
| 2.                       |                          |                        |                          |
| 3.                       |                          |                        |                          |

**J. List the three largest active jobs on which your firm is currently working:**

| Name of Prime Contractor and Project Number | Location of Project | Type of Work | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|---------------------------------------------|---------------------|--------------|--------------------|-----------------------------|--------------------------|
| 1.                                          |                     |              |                    |                             |                          |
| 2.                                          |                     |              |                    |                             |                          |
| 3.                                          |                     |              |                    |                             |                          |



U.S. Department of  
Transportation

**Personal Net Worth Statement  
For DBE/ACDBE Program Eligibility**

As of \_\_\_\_\_

OMB APPROVAL NO:  
EXPIRATION DATE:

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the Unified Certification Program (UCP) recipient to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. **Return form to appropriate UCP certifying member, not U.S. DOT.**

|                                                                          |  |                 |
|--------------------------------------------------------------------------|--|-----------------|
| Name                                                                     |  | Business Phone  |
| Residence Address (As reported to the IRS)<br>City, State and Zip Code   |  | Residence Phone |
| Business Name of Applicant Firm                                          |  |                 |
| Spouse's Full Name<br>(Marital Status: Single, Married, Divorced, Union) |  |                 |

| ASSETS                                                                                                                                                                                        |    | LIABILITIES                                                                          |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------|----|
| (Omit Cents)                                                                                                                                                                                  |    | (Omit Cents)                                                                         |    |
| Cash and Cash Equivalents                                                                                                                                                                     | \$ | Loan on Life Insurance<br>(Complete Section 5)                                       | \$ |
| Retirement Accounts (IRAs, 401Ks, 403Bs,<br>Pensions, etc.) (Report full value minus tax and<br>interest penalties that would apply if assets were<br>distributed today) (Complete Section 3) | \$ | Mortgages on Real Estate<br>Excluding Primary Residence Debt<br>(Complete Section 4) | \$ |
| Brokerage, Investment Accounts                                                                                                                                                                | \$ | Notes, Obligations on Personal Property<br>(Complete Section 6)                      | \$ |
| Assets Held in Trust                                                                                                                                                                          | \$ | Notes & Accounts Payable to Banks<br>and Others (Complete Section 2)                 | \$ |
| Loans to Shareholders & Other Receivables<br>(Complete section 6)                                                                                                                             | \$ | Other Liabilities<br>(Complete Section 8)                                            | \$ |
| Real Estate Excluding Primary Residence<br>(Complete Section 4)                                                                                                                               | \$ | Unpaid Taxes<br>(Complete Section 8)                                                 | \$ |
| Life Insurance (Cash Surrender Value Only)<br>(Complete Section 5)                                                                                                                            | \$ |                                                                                      |    |
| Other Personal Property and Assets<br>(Complete Section 6)                                                                                                                                    | \$ |                                                                                      |    |
| Business Interests Other Than the Applicant Firm<br>(Complete Section 7)                                                                                                                      | \$ |                                                                                      |    |
| Total Assets                                                                                                                                                                                  | \$ | Total Liabilities                                                                    | \$ |
|                                                                                                                                                                                               |    | <b>NET WORTH</b>                                                                     |    |

**Section 2. Notes Payable to Banks and Others**

| Name of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
|-----------------------|------------------|-----------------|----------------|---------------------------|--------------------------------------------|
|                       |                  |                 |                |                           |                                            |
|                       |                  |                 |                |                           |                                            |
|                       |                  |                 |                |                           |                                            |
|                       |                  |                 |                |                           |                                            |
|                       |                  |                 |                |                           |                                            |

**Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value)** (Use attachments if necessary).

| Name of Security / Brokerage Account / Retirement Account | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|-----------------------------------------------------------|------|---------------------------------|----------------------------|-------------|
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |
|                                                           |      |                                 |                            |             |

**Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property).** (List each parcel separately. Add additional sheets if necessary).

|                                                                                  | Primary Residence | Property B | Property C |
|----------------------------------------------------------------------------------|-------------------|------------|------------|
| Type of Property                                                                 |                   |            |            |
| Address                                                                          |                   |            |            |
| Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.) |                   |            |            |
| Names on Deed                                                                    |                   |            |            |
| Purchase Price                                                                   |                   |            |            |
| Present Market Value                                                             |                   |            |            |
| Source of Market Valuation                                                       |                   |            |            |
| Name of all Mortgage Holders                                                     |                   |            |            |
| Mortgage Acc. # and balance (as of date of form)                                 |                   |            |            |
| Equity line of credit balance                                                    |                   |            |            |
| Amount of Payment Per Month/Year (Specify)                                       |                   |            |            |

**Section 5. Life Insurance Held** (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

| Insurance Company | Face Value | Cash Surrender Amount | Beneficiaries | Loan on Policy Information |
|-------------------|------------|-----------------------|---------------|----------------------------|
|                   |            |                       |               |                            |
|                   |            |                       |               |                            |
|                   |            |                       |               |                            |





## General Instructions for Completing the Personal Net Worth Statement for DBE/ACDBE Program Eligibility

Please do not make adjustments to your figures pursuant to U.S. DOT regulations 49 C.F.R. Parts 23 and 26. The agency that you apply to will use the information provided on your completed Personal Net Worth (PNW) Statement to determine whether you meet the economic disadvantage requirements of 49 C.F.R. Parts 23 and 26. If there are discrepancies or questions regarding your form, it may be returned to you to correct and complete again.

An individual's personal net worth according to 49 C.F.R. Parts 23 and 26 includes only his or her own share of assets held separately, jointly, or as community property with the individual's spouse and excludes the following:

- Individual's ownership interest in the applicant firm;
- Individual's equity in his or her primary residence;
- Tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.

Indicate on the form, if any items are jointly owned. If the personal net worth of the majority owner(s) of the firm exceeds \$1.32 million, as defined by 49 C.F.R. Parts 23 and 26, the firm is not eligible for DBE or ACDBE certification. If the personal net worth of the majority owner(s) exceeds the \$1.32 million cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies as a DBE or ACDBE. You must fill out all line items on the Personal Net Worth Statement.

If necessary, use additional sheets of paper to report all information and details. If you have any questions about completing this form, please contact one of the UCP certifying agencies.

### Assets

All assets must be reported at their current fair market values as of the date of your statement. ***Assessor's assessed value for real estate, for example, is not acceptable.*** Assets held in a trust should be included.

**Cash and Cash Equivalents:** On page 1, enter the total amount of cash or cash equivalents in bank accounts, including checking, savings, money market, certificates of deposit held domestic or foreign. Provide copies of the bank statement.

**Retirement Accounts, IRA, 401Ks, 403Bs, Pensions:** On page 1, enter the full value minus tax and interest penalties that would apply if assets were distributed as of the date of the form. Describe the number of shares, name of securities, cost market value, date of quotation, and total value in section 3 on page 2.

**Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts:** Report total value on page 1, and on page 2, section 3, enter the name of the security, brokerage account, retirement account, etc.; the cost; market value of the asset; the date of quotation; and total value as of the date of the PNW statement.

**Assets Held in Trust:** Enter the total value of the assets held in trust on page 1, and provide the names of beneficiaries and trustees, and other information in Section 6 on page 3.

**Loans to Shareholders and Other Receivables not listed:** Enter amounts loaned to you from your firm, from any other business entity in which you hold an ownership interest, and other receivables not listed above. Complete Section 6 on page 3.

**Real Estate:** The total value of real estate excluding your primary residence should be listed on page 1. In section 4 on page 2, please list your primary residence in column 1, including the address, method of acquisition, date of acquired, names of deed, purchase price, present fair market value, source of market valuation, names of all mortgage holders, mortgage account number and balance, equity line of credit balance, and amount of payment. List this information for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, personal property leased or rented for business purposes, farm properties and any other income producing properties, etc. Attach additional sheets if needed.

**Life Insurance:** On page 1, enter the cash surrender value of this asset. In section 5 on page 2, enter the name of the insurance company, the face value of the policy, cash surrender value, beneficiary names, and loans on the policy.

**Other Personal Property and Assets:** Enter the total value of personal property and assets you own on page 1. Personal property includes motor vehicles, boats, trailers, jewelry, furniture, household goods, collectibles, clothing, and personally owned vehicles that are leased or rented to businesses or other individuals. In section 6 on page 3, list these assets and enter the present value, the balance of any liabilities, whether the asset is insured, and lien or note information and terms of payments. For accounts and notes receivable, enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if those exist. If the asset is insured, you may be asked to provide a copy of the policy. You may also be asked to provide a copy of any liens or notes on the property.

**Other Business Interests Other than Applicant Firm:** On page 1, enter the total value of your other business investments (excluding the applicant firm). In section 7 on page 3, enter information concerning the businesses you

hold an ownership interest in, such as sole proprietorships, partnerships, joint ventures, corporations, or limited liability corporations (other than the applicant firm). Do not reduce the value of these entries by any loans from the outside firm to the DBE/ACDBE applicant business.

### **Liabilities**

**Mortgages on Real Estate:** Enter the total balance on all mortgages payable on real estate on page 1.

**Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies on page 1, and complete section 5 on page 2.

**Notes & Accounts Payable to Bank and Others:** On page 1, section 2, enter details concerning any liability, including name of noteholders, original and current balances, payment terms, and security/collateral information. The entries should include automobile installment accounts. This should not, however, include any mortgage balances as this information is captured in section 4. Do not include loans for your business or mortgages for your properties in this section. You may be asked to submit copy of note/security agreement, and the most recent account statement.

**Other Liabilities:** On page 1, enter the total value due on all other liabilities not listed in the previous entries. In section 8, page 3, report the name of the individual obligated, names of co-signers, description of the liability, the name of the entity owed, the date of the obligation, payment amounts and terms. Note: Do not include contingent liabilities in this section. Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you

have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

**Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid on page 1, and complete section 8 on page 3. Contingent tax liabilities or anticipated taxes for current year should not be included. Describe in detail the name of the individual obligated, names of co-signers, the type of unpaid tax, to whom the tax is payable, due date, amount, and to what property, if any, the tax lien attaches. If none, state "NONE." You must include documentation, such as tax liens, to support the amounts.

### **Transfers of Assets:**

**Transfers of Assets:** If you checked the box indicating yes on page 3 in this category, provide details on all asset transfers (within 2 years of the date of this personal net worth statement) to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust. Include a description of the asset; names of individuals on the deed, title, note or other instrument indicating ownership rights; the names of individuals receiving the assets and their relation to the transferor; the date of the transfer; and the value or consideration received. Submit documentation requested on the form related to the transfer.

### **Affidavit**

Be sure to sign and date the statement. The Personal Net Worth Statement must be notarized

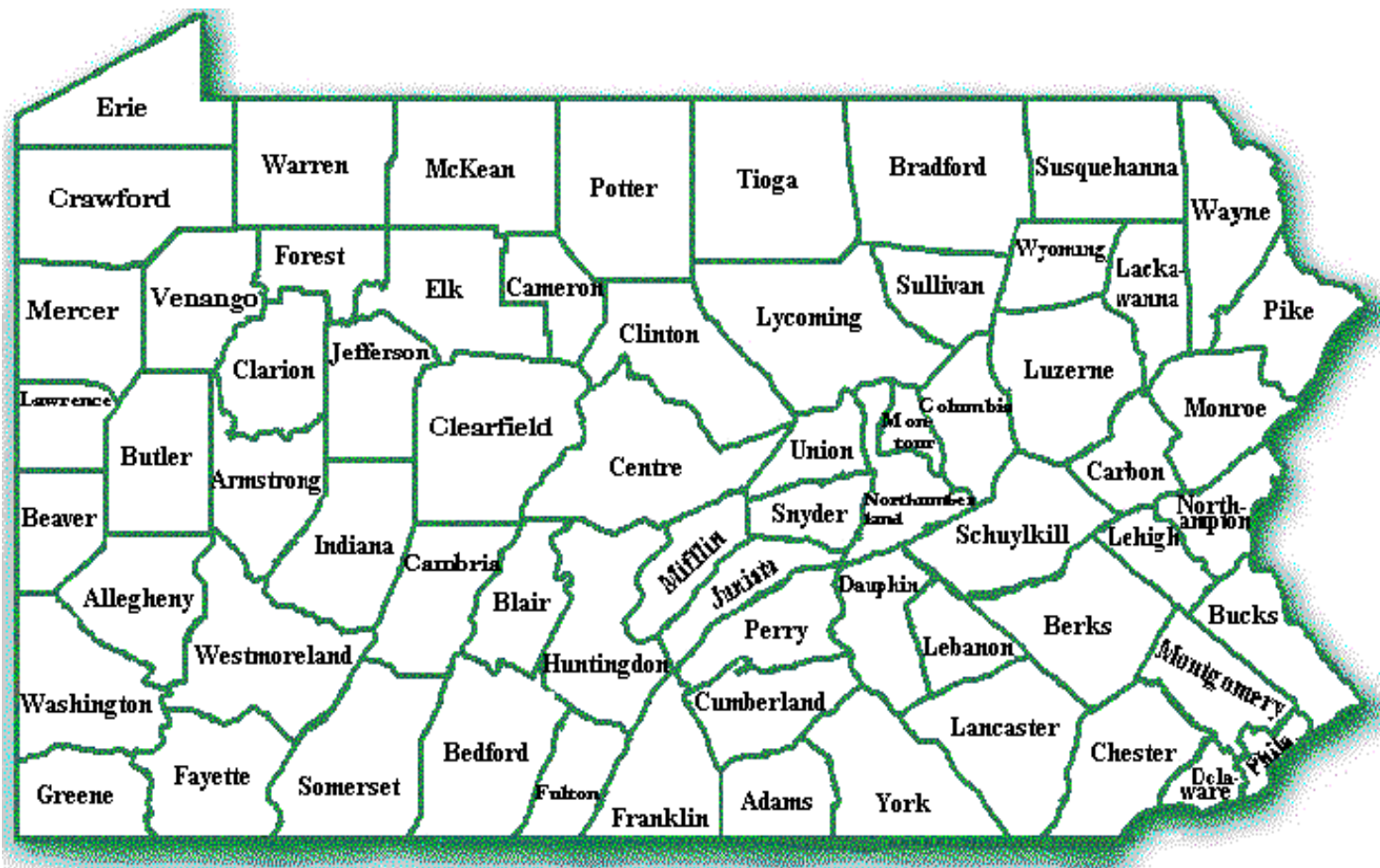
Addendum to Uniform Certification Application

**Desired Work Location**

Please indicate the County(ies) to denote the geographical area of the Commonwealth where you would consider doing work.

- |                                    |                                     |                                     |                                     |                                       |                                       |                                       |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> STATEWIDE |                                     |                                     |                                     |                                       |                                       |                                       |
| <input type="checkbox"/> Adams     | <input type="checkbox"/> Cambria    | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Lycoming     | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Venango      |
| <input type="checkbox"/> Allegheny | <input type="checkbox"/> Cameron    | <input type="checkbox"/> Dauphin    | <input type="checkbox"/> Indiana    | <input type="checkbox"/> McKean       | <input type="checkbox"/> Pike         | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Carbon     | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Mercer       | <input type="checkbox"/> Potter       | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Beaver    | <input type="checkbox"/> Centre     | <input type="checkbox"/> Elk        | <input type="checkbox"/> Juniata    | <input type="checkbox"/> Mifflin      | <input type="checkbox"/> Schuylkill   | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Bedford   | <input type="checkbox"/> Chester    | <input type="checkbox"/> Erie       | <input type="checkbox"/> Lackawanna | <input type="checkbox"/> Monroe       | <input type="checkbox"/> Snyder       | <input type="checkbox"/> Westmoreland |
| <input type="checkbox"/> Berks     | <input type="checkbox"/> Clarion    | <input type="checkbox"/> Fayette    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Montgomery   | <input type="checkbox"/> Somerset     | <input type="checkbox"/> Wyoming      |
| <input type="checkbox"/> Blair     | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Forest     | <input type="checkbox"/> Lawrence   | <input type="checkbox"/> Montour      | <input type="checkbox"/> Sullivan     | <input type="checkbox"/> York         |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Clinton    | <input type="checkbox"/> Franklin   | <input type="checkbox"/> Lebanon    | <input type="checkbox"/> Northampton  | <input type="checkbox"/> Susquehanna  |                                       |
| <input type="checkbox"/> Bucks     | <input type="checkbox"/> Columbia   | <input type="checkbox"/> Fulton     | <input type="checkbox"/> Lehigh     | <input type="checkbox"/> Northumber'd | <input type="checkbox"/> Tioga        |                                       |
| <input type="checkbox"/> Butler    | <input type="checkbox"/> Crawford   | <input type="checkbox"/> Greene     | <input type="checkbox"/> Luzerne    | <input type="checkbox"/> Perry        | <input type="checkbox"/> Union        |                                       |

**County Map of Pennsylvania**



Addendum to Uniform Certification Application

**OPTION TO TRANSFER/RENOUNCE**  
Each spouse (of each disadvantaged owner) who wishes to take this option should complete this statement.

I, \_\_\_\_\_, transfer and renounce my rights in the jointly owned or community assets used by my spouse, \_\_\_\_\_, in acquiring an ownership interest in the firm known as \_\_\_\_\_.

**I swear that the foregoing statement is true and accurate.**

**(SEAL)**

\_\_\_\_\_  
(SIGNATURE OF AFFIANT)                      (DATE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(COMPANY NAME)

SWORN AND SUBSCRIBED BEFORE ME

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST**  
**In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.**

**All Applicants**

- Work experience resumes (include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Personal Financial Statement (form available with this application)
- Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- Documented proof of contributions used to acquire ownership for each owner (*e.g., both sides of cancelled checks*)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE certifications, denials, and/or decertifications, if applicable
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Trust agreements held by any owner claiming disadvantaged status, if any

**Partnership or Joint Venture**

- Original and any amended Partnership or Joint Venture Agreements

**Corporation or LLC**

- Official Articles of Incorporation (*signed by the state official*)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

**Trucking Company**

- Documented proof of ownership of the company
- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

**Regular Dealer**

- Proof of warehouse ownership or lease
- List of product lines carded
- List of distribution equipment owned and/or leased

**NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.**

**INSTRUCTIONS FOR COMPLETING  
THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM  
UNIFORM CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

**Section 1: CERTIFICATION INFORMATION**

**A. Prior/Other Certifications**

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit, if your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

**B. Prior/Other Applications and Privileges**

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

**Section 2: GENERAL INFORMATION**

**A. Contact Information**

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State your firm's or your contact person's email address.
- (7) State your firm's website address, if any.
- (8) State the street address of your firm (i.e., the physical location of its offices – not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

**B. Business Profile**

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) State the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) State the date on which your firm was officially established, as stated in your firm's Articles of Incorporation or charter.
- (4) State the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit." **NOTE:** If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation or charter. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

**C. Relationships with Other Businesses**

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered “Yes,” then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
  - (a) Your firm has been a subsidiary of any other firm;
  - (b) Your firm consisted of a partnership in which one or more of the partners are other firms;
  - (c) Your firm has owned any percentage of any other firm; and
  - (d) Your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered “Yes” to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

**D. Immediate Family Member Business**

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An “immediate family member” is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered “Yes,” provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

**Section 3: OWNERSHIP**

**Identify all Individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):**

**A. Background Information**

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner’s gender.
- (6) Check the appropriate box that indicates this owner’s ethnicity (check all that apply). If you checked “Other,” specify this owner’s ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program’s other qualifying requirements.

**B. Ownership Interest**

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner’s initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked “Yes,” state the name of the other business and this owner’s function or title held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked “Yes,” identify the name of the other business and this owner’s function or title held in that business. Briefly describe the nature of the business relationship in the space provided.

**C. Disadvantaged Status**

**NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e., for each owner who is claiming to be “socially and economically disadvantaged” and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)**

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner’s PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered “Yes,” briefly explain the nature, history, purpose, and current value of the trust(s).

**Section 4: CONTROL**

**A. Identify your firm’s Officers and Board of Directors:**

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm’s Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above perform a management or supervisory function for any other business. If you answered “Yes,” identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered “Yes,” identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

**B. Identify your firm’s management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:**

- (1) Making financial decisions on your firm’s behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm’s negotiations and executing contracts on your firm’s behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm’s behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered “Yes,” identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered “Yes,” identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

**C. Indicate your firm’s inventory in the following categories:**

- (1) **Equipment**  
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
- (2) **Vehicles**  
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
- (3) **Office Space**  
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

**D. Does your firm rely on any other firm for management functions or employee payroll?**

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

**E. Financial information**

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) State the main phone number of your firm's bank branch.
- (c) State the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) State your agent's/broker's phone number.
- (d) State your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

**F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:**

State the name and address of each source, the name of the person securing the loan, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

**G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:**

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

**H. List current licenses/permits held by any owner and/or employee of your firm.**

List the name of each person in your firm who holds a professional license or permit, the type of license or permit, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

**I. List the three largest contracts completed by your firm in the past three years, if any.**

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

**J. List the three largest active jobs on which your firm is currently working.**

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

**PERSONAL NEW WORTH STATEMENT**

Complete one of these statements for each individual upon whose ownership and control the firm is relying on for DBE Certification, sign and date.

**AFFIDAVIT OF CERTIFICATION**

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

**DESIRED WORK LOCATION**

Indicate the County(ies) to denote the geographical area of the Commonwealth where you would consider work. If you would consider work in all counties check "STATEWIDE."

**OPTION TO TRANSFER/RENOUNCE**

Each spouse (of each disadvantaged owner) who wishes to take this option should complete this statement. Fill in the required information, sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.